

Maternal and Child Health Project

ANNUAL REPORT 2007



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Maternal and Child Health Project

April 2007 - March 2008

Department of Health (DOH)
Biliran Provincial Government
Ifugao Provincial Government
Japan International Cooperation Agency (JICA)

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FOREWORD



Women are crucial to the social and economic development of society as members of the work force and the backbone of households. They are the creators of new life and the caretakers of daily life. Saving a woman's life has tremendous benefits for herself, her family and her community thus, the needless deaths of women should be averted.

Likewise, considering that the children are the future of our country, it is imperative to prioritize the right to health of each child from the time of conception to his full growth and development.

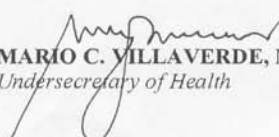
The Department of Health (DOH) is firm in its international commitment to reduce maternal, neonatal and infant mortalities. The goals set, particularly the reduction of maternal mortality, may seem difficult to attain. Nevertheless, nothing is impossible with the concerted efforts of the government and partner agencies, such as the Japan International Cooperation Agency (JICA). The DOH cannot achieve such an ambitious goal on its own. To attain this endeavor, the assistance, cooperation and resources from all sectors of society are essential.

DOH-JICA Maternal and Child Health (MCH) Project in partnership with the local governments of Ifugao and Biliran provinces have committed their support to the various communities in attaining a healthy and enabling environment for its mothers, children and other members of their families.

Now on its second year of implementation, the Project has helped put in place key elements strategic in addressing the problem of maternal and child mortalities. The assistance includes upgrading of facilities, capability building for its skilled health workers, establishment of functional referral systems, health promotion and advocacy.

With two more years left, we hope that the communities which it has served, commit and support all Project efforts and gains to ensure sustainability even after the duration of the project. Furthermore, the DOH should facilitate that these efforts should be replicated in other areas.

To all those who have contributed to the success of the Project, thank you and Mabuhay!


MARIO C. VILLVERDE, MD, MPH, MPM, CESO II
Undersecretary of Health

MESSAGE



Steadfast in our commitment to support the Philippines in achieving the Millennium Development Goals, we are pleased that the Maternal and Child Health (MCH) Project has contributed to the improvement of maternal and newborn care services in the provinces of Ifugao and Biliran.

These achievements are largely due to the effective leadership of Provincial Governments of Ifugao and Biliran; the commitment and dedication of our counterparts in the Department of Health (DOH) and those at the provincial and municipal health offices who work in tandem with the JICA-MCH Project Staff; and the overwhelming support and cooperation from the local government units (LGUs) and the Women's Health Teams (WHTs).

Despite of the challenges, the project has consistently marked significant progress in strengthening MCH initiatives under the guiding framework of the Department of Health's FOURmula One (F1) for Health. As such, the F1 framework provided a good direction for the alignment of project objectives with national health system goals.

We are hopeful that the accomplishments made during the past two years can be strengthened and sustained through strategic interventions. Through combined and relentless efforts, we are confident that the project will be truly relevant to the needs and demands of mothers, newborn infants, and their families.

We are looking forward to two more years of cooperation and fostering harmonious relationships with our Philippine counterparts.

A handwritten signature in dark ink, appearing to read 'Norio Matsuda'.

Norio Matsuda
Resident Representative
Japan International Cooperation Agency
Philippine Office

ACKNOWLEDGEMENTS

This project owes its success so far to the health care workers – both from the health care facilities and the communities – the communities themselves who wholeheartedly accepted the project, as well as to other institutions and individuals who passionately offer their full commitment to further improve, protect and promote the health of Filipino women and children.

Department of Health Central Office

- Secretary of Health Francisco T. Duque III, MD, MSC
- Undersecretary Mario C. Villaverde, MD, MPH, MPM, CESO II
- NCDPC Director Yolanda E. Oliveros, MD, MPH
- the entire staff of the NCDPC
- the entire staff of the National Project Management Committee

Ifugao and Biliran

- Provincial Governors of Ifugao and Biliran
- Municipal Mayors of Aginaldo, Alfonso Lista, and Mayoyao, IFUGAO
- Municipal Mayors of Almeria, Biliran, Culaba, Caibiran, Cabugcayan, Maripipi, Naval, and Kawayan, BILIRAN
- Provincial Health Officers
- the entire staff of the Provincial Health Offices of Biliran and Ifugao
- the entire staff of the Rural Health Units of Biliran and Ifugao
- the entire staff of the Municipal Health Offices of the participating municipalities
- Directors of the Center for Health Development
- the entire staff of the Center for Health Development: CAR and Region VIII
- PhilHealth

Development Partners

- United Nations Children's Fund (UNICEF)
- United Nations Population Fund (UNFPA)
- World Health Organization (WHO)
- European Union (EU)
- German Technical Cooperation (GTZ)
- Asian Development Bank (ADB)
- World Bank (WB)
- Global Fund
- Plan International

ACRONYMS

AMADHS	Aguinaldo -Mayoyao- Alfonso Lista District Health System
BEmOC	Basic Emergency Obstetric Care
BHS	Barangay Health Station
BHW	Barangay Health Worker
BNS	Barangay Nutrition Scholar
BPH	Biliran Provincial Hospital
CEmOC	Comprehensive Emergency Obstetric Care
CMMNC	Community Managed Maternal and Newborn Care
CHD	Centre for Health Development
DH	District Hospital
DOH	Department of Health
EC	Executive Committee
EmOC	Emergency Obstetric Care
LSS	Life Saving Skills
MCH	Maternal and Child Health
MCP	Maternal Care Package
MHO	Municipal Health Office
MDR	Maternal Death Review
MMR	Maternal Mortality Ratio
NCDPC	National Centre for Disease Prevention and Control
NMR	Neonatal Mortality Rate
PDM	Project Design Matrix
PHO	Provincial Health Office
PO	Plan of Operation
RHM	Rural Health Midwife
RHU	Rural Health Unit
SBA	Skilled Birth Attendant
TBA	Traditional Birth Attendant
TWG	Technical Working Group
UNFPA	United Nation's Population Fund

PROJECT PROFILE

Introduction

Since the 1970s, Japan's Official Development Assistance through the Japan International Cooperation Agency has been helping address the perennial need to improve the quality of Maternal and Child Health services and reduce maternal and child mortality in the Philippines.

This is because Maternal and Child Health Care Programs number among the priority health issues that JICA has focused its resources on. The others are Infectious Diseases Control, with emphasis on Tuberculosis, Malaria, Schistosomiasis and SARS, Local Health System Strengthening and Lifestyle-related Diseases.

Specifically, the Japanese Government's commitment to the Maternal and child Health Care Programs in the Philippines started in 1967 through the following projects: Poliomyelitis Control (1967-1974), Family Planning (1974-1989), Maternal and Child Health and Family Planning (1992-2002).

Other assistance provided were a grant project for Measles Control (2002) and medical equipment supply project with the UNFPA in 1996-2003.

The basic policy followed in providing grants or technical assistance to the Philippine Health Sector focused on "human security."

JICA's latest participation in the Philippine Health Sector is in the Maternal and Child Health Project (2006-2010), a project initiated by the Department of Health based on recommendations of the Project Formulation Study in the Health Sector conducted in September 2004.

The project was envisioned to support the target under the Philippine Millennium Development Goals to reduce the ratio of maternal mortality and decrease the mortality rate among children.

JICA realized early on that achieving these MDGs will only be realistic through the political will of the national and local governments, commitment of health workers and concerted action of people in the communities, non-government organizations and development partners.

This led to the signing on March 16, 2006 of an agreement between the DOH and JICA to provide technical assistance to the Maternal and Child Health Projects of Ifugao and Biliran.

The projects have since taken root and this annual report covers significant developments during the second year of implementation from April 2007 to March 2008.

These include the steps that Biliran and Ifugao had taken to strengthen their MCH Programs, specifically the enhancement of MCH services and Emergency Obstetric Care at all levels as well as the community's support mechanisms for mothers and newborns.

PROJECT PROFILE

Background

The Philippines had seen high maternal mortality rates over the last decades.

The National Demographic and Health Survey (NDHS, 1998) estimated that about 172 mothers die for every 100,000 live births. The UNFPA said in a separate study that in 2000, the record worsened to 200 maternal deaths for every 100,000 live births.

Unfortunately, communities have traditionally blamed the death of pregnant women or new mothers on fate, saying that death was inevitable.

These deaths, however, should be seen as anything but typical. Experts say that many pregnant women or new mothers die due to the following:

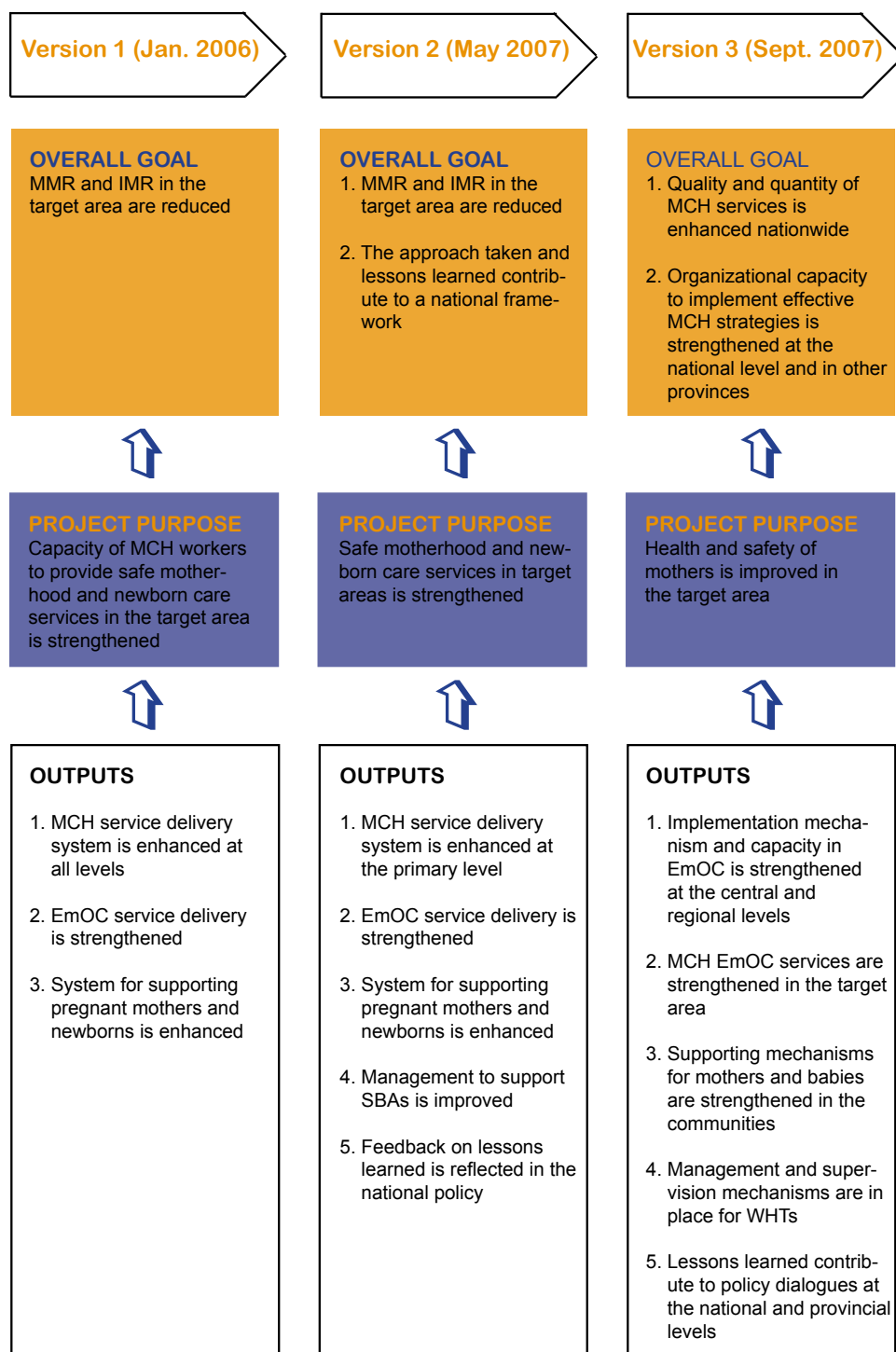
- Delay in deciding to seek medical care;
- Delay in reaching appropriate care; and
- Delay in receiving care at health facilities.

What's worse, around 17 of 1,000 newborns die within 28 days due to these delays and the severe lack of appropriate newborn care.

PROJECT PROFILE

Project Design

To respond to these grim conditions, the Project Management Committee enhanced and revised the Project Design Matrix to suit the specific needs of Ifugao and Biliran during the first two years of implementation.



PROJECT PROFILE


The table below outlines the specific strategies in the achievement of the Project Output according to the 3rd version of Project Design Matrix.

Project Outputs	Level/Targets	Intervention Type	Major Activities
<u>OUTPUT 1:</u> Strengthen implementation mechanisms and capacity of the central level to enhance Emergency Obstetric Care (EmOC) in all levels	Central/ DOH, CHD and training institution	Capacity-building	<ul style="list-style-type: none"> ● Enhance training capacity of EmOC and neonatal care at the central level training institution ● System formulation for monitoring
<u>OUTPUT 2:</u> Strengthen MCH services and EmOC in the project's target areas	Province and municipality/ PHs, DHs, RHUs/BHSSs and SBAs working in such medical facility	Facility development and capacity development of health personnel	<ul style="list-style-type: none"> ● BEmOC Training ● CMMNC Training ● LSS Training ● Provision of medical equipment
<u>OUTPUT 3:</u> Strengthen supporting mechanism for mothers and babies at all levels	Municipality/ SBA s in RHUs and Barangay health volunteers, mothers, and community people	Organization of new system, education and awareness building, community Mobilization	<ul style="list-style-type: none"> ● Formulation of WHTs ● Formulation of multi-sectoral community supporting group for emergency transportation
<u>OUTPUT 4:</u> Put in place management and supportive mechanisms for WHTs and midwives to improve quality of service and work environment in the project areas	Municipality/ SBA s in RHUs and Barangay health volunteers, and community people	Capacity building through supportive supervision, organization of new system, formulation of financial mechanism for sustainability	<ul style="list-style-type: none"> ● Supportive supervision for SBAs and WHTs ● Improvement of managerial capacity of RHUs ● Monthly meetings and Case Conference ● Maternal Death Review
<u>OUTPUT 5:</u> Lessons from the project's implementation contribute to policy formulation at the municipal, provincial, regional, and national levels	Central /MCH Technical Working Group	Policy dialogues/ discussions	<ul style="list-style-type: none"> ● Reactivate MCH TWG ● Discussion and revision of MCH policy ● Dissemination of MCH training materials

Source: Project Mid-term Evaluation Report, October 2007

PROJECT PROFILE

Project Areas



2007 Target Target for 08-09 RHUs Emergency Clinic

BILIRAN PROVINCE

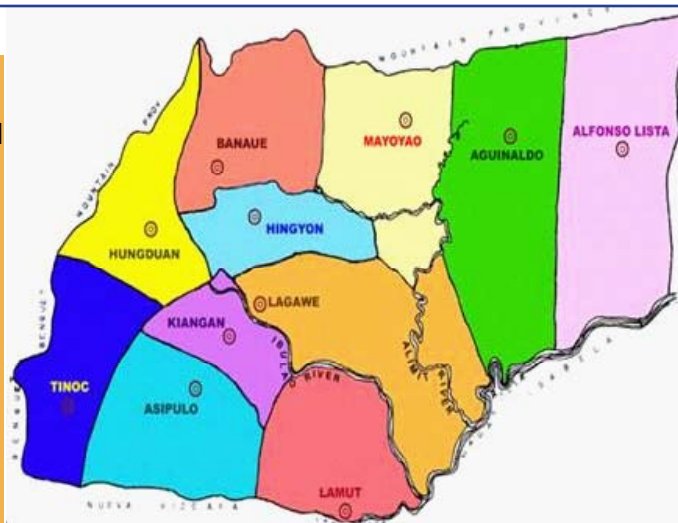
Biliran is an island province located in the Eastern Visayas region, between Samar and Leyte Islands. It is a fourth class province with a total land area of 55,550 hectares.

The smallest among six Eastern Visayas (Region 8) provinces, Biliran has eight (8) municipalities: Naval (the capital), Almeria, Culaba, Kawayan, Cabucayan, Biliran, Caibiran and Maripipi (an island municipality).

IFUGAO PROVINCE

Home of the spectacular hand-carved rice terraces, Ifugao is located in the north of Luzon, 384 kilometers away from Manila. This third class province lies deep in the Cordillera mountain range.

Landlocked, it is bounded on the west by Benguet, on the north by Mountain Province, on the east by Isabela and on the south by Nueva Vizcaya. Ifugao has 11 municipalities, namely: Lagawe (the capital), Banaue, Kiangan, Lamut, Asipulo, Hungduan, Hingyon, Tinoc, Alfonso Lista, Aguineldo and Mayoyao.



PROJECT PROFILE

Project Management

As agreed upon between the DOH and JICA, the project is managed at the Central or National Level by the National Project Management Committee (NPMC). The Project Mid-term Evaluation Team recommended renaming the NPMC to Joint Coordination Committee (JCC), to which the committee agreed. However, amendments to Record of Discussion have not yet taken place.

The project is managed and implemented by the Provincial Executive Committee and Technical Working Group at the provincial level. These committees, at all levels, are composed of Filipino and Japanese counterparts. The detailed composition of each committee is shown below.

NATIONAL PROJECT MANAGEMENT COMMITTEE

Members from the Philippine side:

(Updated through DOH Department Personnel Order No 2007-3057)

- | | |
|--------------|---|
| Chairperson: | DOH Undersecretary |
| Members: | <ul style="list-style-type: none">● Director of the National Center for Disease Prevention and Control (NCDPC)● Director of the Bureau of International Health Cooperation (BHIC)● Program Manager, Safe Motherhood Program, NCDPC● Medical Specialist IV, NCDPC● Governors of Ifugao and Biliran |

Members from the Japanese side:

(Updated through DOH Department Personnel Order No 2007-3057)

- Resident Representative, JICA Philippine Office
- Chief Advisor of the Project
- Representative from the Embassy of Japan

PROJECT PROFILE

PROVINCIAL EXECUTIVE COMMITTEE

Chairperson	:	Governor
Members	:	
	•	Vice Governor
	•	Provincial Health Officer
	•	Chairperson of the Inter-Local Health Zone
	•	Chairperson of the Committee on Health of the Sangguniang Panlalawigan
	•	Mayors of the Project Sites
	•	Director of the Regional Center for Health Development
	•	Representative from the Philippine Health Insurance Corporation (PhilHealth)
	•	Representative from the PSWDO, PPDO
	•	Representative from various Funding Agencies
	•	Representative from JICA Philippine Office
	•	JICA-MCH Chief Advisor, Experts, Assistant Project Manager
	•	Other stakeholders

PROVINCIAL TECHNICAL WORKING GROUP

BILIRAN	IFUGAO
<ul style="list-style-type: none"> • Chief of PHO Technical Department • Provincial MCH Coordinator • Provincial FP Coordinator • Municipal Health Officers of Project Sites • Chief of Hospital • Representative from the Philippine Health Insurance Corporation • DOH Representatives • JICA-MCH Chief Advisor, Experts, Assistant Project Manager • Other stakeholders (other funding agencies, NGOs etc.) 	<ul style="list-style-type: none"> • Chief of PHO Technical Department • Municipal Health Officers of Project Sites • Sangguniang Bayan for Health of Project Sites • Chief of Hospital • Representative from the Philippine Health Insurance Corporation • Provincial Planning & Development Officer • Provincial Social Welfare and Development Officer • CHD Representatives • JICA-MCH Chief Advisor, Experts, Assistant Project Manager • Other stakeholder (other funding agencies, NGOs etc.)

PROJECT RESULTS

As of 31 December 2007

Indicators

The Maternal and Child Health Project was implemented starting March 2006. The table below shows the major accomplishments after two years ending December 2007 based on the Family Health Survey Information System.

Table 1: ACHIEVEMENT				
Indicator	IFUGAO		BILIRAN	
	2005	2007	2005	2007
% of SBA attended deliveries	54%	57%	30%	79%
Facility deliveries (hospitals, RHUs, BHSs)	19%	25%	30%	79%
% of pregnant mothers who get antenatal care more than 4 times	88%	90%	67%	64%
MMR (Philippine MDG5 target to reduce 209 per 100,000 to 52 per 100,000)	85.2(1/1173)	0(0/1392)	289.2 (10/3458)	115.6 (4/3461)
	Ifugao total 53.1 (2/3768)	Ifugao Total 132.7(5/3764)		
IMR (Philippine MDG4 target to reduce 57 per 1,000 to 19 per 1,000)	8.5 (10/1173)	10.0 (14/1392)	16.8 (58/3458)	13.3 (46/3461)
	Ifugao total 9.0(34/3768)	Ifugao total 10.9(41/3764)		
Neonatal death rate	5.1 (6/1173)	5.0 (7/1392)	4.3 (15/3458)	3.8 (13/3461)
<i>Ifugao: Ifugao total means 11 municipalities, Biliran: SBA-attended delivery means facility delivery</i>				

Ifugao

Ifugao is a mountainous province in the Cordillera Administrative Region with scattered villages and incomplete, rough roads that make it difficult for the residents to access vital health facilities.

PROJECT RESULTS

Despite these conditions, there was a slight increase in deliveries made by skilled birth attendants to 57 percent in 2007 from 54 percent in 2005. This was attributed largely to the formation of Women's Health Teams in the Ifugao municipalities of Aginaldo, Alfonso Lista and Mayoyao where the MCH Project is being implemented.

There was also increased use of the birthing facilities of the BEmOC hospital, RHUs and BHSs from 19 to 25 percent. The number of pregnant women who had at least four prenatal check-ups also increased from 88 to 90 percent.

As a result, the MMR in the three target municipalities decreased from 85.2 to 0 within two years. However, the municipalities not covered by the project still had an MMR of 132.7 for every 100,000 live births in 2007, which shows that there is still a big room for improvement in Ifugao's maternal and child health care system.

The Ifugao provincial government took a major step forward when it issued an executive order forming the province-wide WHT named the Ifugao Ayod (hammock) Community Health Team with incentives to promote safe motherhood programs.

Health in the hands of the community

The Women's Health Team traces its beginnings to the World Bank project on Women's Health and safe Motherhood and the MCH project adopted the concept to strengthen the capability of the local government to deliver quality women's health and safe motherhood services.

The WHT is headed by a midwife stationed at the barangay health Stations who is assisted by the barangay health worker, barangay nutrition scholar and traditional birth attendants, among others, depending on the community.

Supervising the WHT is the municipal health officer.

As of end 2007, Ifugao had 196 teams with 321 members in three municipalities while Biliran had 221 teams with 700 members.

Ifugao, renowned for its unique culture and world-famous rice terraces, has its own version of the WHT called the ifugao Ayod Community Health Team.

The community used the term "ayod" to refer to the hammock, which symbolizes the community's desire to help each other. The Ifugao's bank on close community ties to respond to emergency situations, including transporting pregnant women on a hammock so she can get the help she needs.

The "ayod" thus signifies the concept of leaving "health in the hands of the community."

PROJECT RESULTS

Biliran

Biliran, the smallest province in the Eastern Visayas region, has shown remarkable improvement in its maternal and child health protection system after the province restricted the delivery of children in the homes and encouraged births in facilities with the help of skilled birth attendants.

As Table 1 shows, 8 of 10 deliveries in 2007 were handled by Skilled Birth Attendants in designated facilities. As a result, the maternal death ratio dropped from 289 to 115 per 100,000 live births during the period.

MCP Accreditation with PhilHealth

The MCH Project has provided RHUs with the technical training and medical equipment they need to give qualify for Maternity Care Package accreditation. As a result, all 8 RHUs in Biliran were accredited as of 2007.

PROJECT ACTIVITIES

Based on the Project Design Matrix, the project expected accomplishments are as follows:

Output 1: Strengthen implementation mechanisms and capacity of the central level to enhance Emergency Obstetric Care (EmOC) in all levels.

Output 2: Strengthen MCH services and EmOC in the project's target areas.

Output 3: Strengthen supporting mechanism for mothers and babies at all levels.

Output 4: Put in place management and supportive mechanisms for WHTs and midwives to improve quality of service and work environment in the project areas.

Output 5: Lessons from the project's implementation contribute to policy formulation at the municipal, provincial, regional, and national levels.

Output 1: Strengthen implementation mechanisms and capacity of the central level to enhance Emergency Obstetric Care (EmOC) in all levels

I. Central Joint Coordination Committee (Central Level)

Presided over by Dr. Mario Villaverde, DOH Under Secretary, the meeting was held at DOH-NCDPC Conference Hall on October 23, 2007.

The results and recommendations of the MCH Project Mid-term Evaluation were discussed, including the revised Project Design Matrix.



PROJECT ACTIVITIES

Evaluation result:

1. Based on the achievements, the Project has been implemented ahead of schedule.
2. In Biliran, one could expect further progress in facility-based deliveries until the end of the Project period (March 2010).
3. In AMADHS-ILHZ (Ifugao), the percentage of SBA-assisted deliveries is likely to reach the provincial target of 75% by 2010. However, the target for facility-based delivery of 50% by 2010 may take longer than expected due to the area's topography and the people's preference for home and TBA-assisted deliveries.
4. For the rest of the period (until 2010), the Project implementors shall work based on the current PDM and Plan of Operations while focusing on challenges identified in the Mid-Term Review. In Ifugao, where majority of potential service users have difficulty in accessing facilities, more weight should be placed on Output 3 and Output 4 (the community mobilization components) and promotion of SBA-assisted deliveries while gradually transitioning to facility-based deliveries.

2. Discussion on Safe Motherhood Policy Strategy

MCH Project has been taking part in meetings conducted by the NCDPC on executing the Administrative Order for Safe Motherhood Policy Strategy, which according to the DOH, shall be announced on July, 2008.

Output 1: Strengthen MCH services and EmOC in the project's target areas

1. Provincial Executive Committee (EC) and Technical Working Group (TWG) Committee Meetings

Two EC Meetings were conducted in each of the project sites in 2007. The following were discussed relative to the implementation of the project:

- Orientation of newly elected leaders on the MCH Project (background and status);
- Presentation and discussion of Project Design Matrix;
- Formulation of activities for the MCH program and its integration to the Provincial Health Operations Plan;
- Review of major issues relative to the implementation of the project and recommend solutions;

PROJECT ACTIVITIES

- Identification and promotion of strategies for full implementation of skilled-birth attendant and facility-based delivery; and
- Promotion of accreditation to PhilHealth's Maternity Care Package and Newborn Care Package.

The TWG assists the Provincial EC on managerial and technical aspects of the project. There were seven TWG meetings convened in Biliran and four TWG meetings conducted in Ifugao.



*Provincial Committees
at work: Biliran (top) and
Ifugao TWG and EC
members (bottom)*

PROJECT ACTIVITIES

2. Project Mid-Term Evaluation in Biliran and Ifugao

Together with national and provincial counterparts, the Mid-Term Evaluation of the MCH Project was conducted to assess the status of the project's implementation in Biliran and Ifugao.

The team, which visited Ifugao from October 4 to 9 and Biliran from October 15 to 18, had the following objectives:

- To review the inputs, activities and achievements of the Project against the initial plan;
- To clarify problems and issues, and
- To evaluate the Project using the five evaluation criteria (Relevance, Effectiveness, Efficiency, Impact and Sustainability).

The team observed health facilities and interviewed health service providers and members of the Women's Health Team at the community level. The evaluation results and recommendations, were presented to the members of the Provincial Executive Committee and the Technical Working Group. The Project's next steps were also discussed.

3. Training on Basic Emergency Obstetric Care for Skilled-Birth Attendants

According to the DOH Policy on Safe Motherhood, BEmOC training is an integral part in the continuous capability-building efforts for Skilled Birth Attendants (doctors, nurses and midwives). Two batches of BEmOC training were conducted in 2007 for Ifugao and Biliran SBAs – the first batch from May 29 to June 8 and the second batch from August 6 to 17 – at the Fabella Memorial Hospital in Manila. A total of 32 SBAs from Ifugao and 4 from Biliran attended the training.

Specifically, the 11-day training utilizes a combination of didactic and practicum methodology and covers the following topics:

- Overview of the BEmOC Course;
- Principles of Good Care;
- Quick Check and RAM Sessions 1-2;
- Antenatal Care (SI-4);
- Labor Delivery and Postpartum (SI-4);
- Perineal Anatomy, Lacerations, and Repair;
- Suturing of Perineal Laceration;
- Newborn Care (SI-3) (Exam of Newborn at Delivery);
- Postpartum Care (SI-4);

PROJECT ACTIVITIES

- Neonatal Resuscitation; and
- Use of partograph

4. Life-Saving Skills Training (LSS) for Rural Health Midwives

To enhance the skills of rural health midwives in recognizing and responding the life-threatening obstetrical situations in their respective areas, a 6-days LSS Training was conducted. Training was facilitated by the Philippine OB-Gyne Society (POGS) and held at the Dr. Fabella Memorial Hospital (Manila) and Eastern Visayas Regional Medical Center (Tacloban City):

LSS TRAINING SCHEDULE AND PARTICIPANTS

Date	Ifugao	Biliran
June 21-26	8	8
July 23-28	7	8
October 15-21		11

LSS training is meant to ensure and safeguard the right of every mother and newborn to survival. The POGS designed the training according to the World Health Organization's (WH) Midwifery Modules – such as Advances in Labour and Risk Management (ALARM) and Advanced Life Support in Obstetrics (ALSO). The training employs both didactic and practicum methodologies. It is widely adopted in many institutions and the following are covered during the 6-days training:

● Quality Antenatal Care

- General Assessment of the Pregnant Woman
- WHO Antenatal Care Model
- Screening for anemia, hypertension, syphilis, diabetes mellitus
- Preventive Measures during antenatal care
- Health Education and Counseling

- Examination of the Pregnant Woman
 - Leopold's exam
 - Vaginal exam
- How to Conduct Proper Referrals

● Quality Intrapartal Care

- Supportive care during labor
- Assessment of the Woman in Labor
- WHO partograph



PROJECT ACTIVITIES

- d. Recognition of abnormal labor patterns based on the WHO partograph
- e. Active Management of the 3rd stage of Labor
- f. Suturing Perineal Lacerations
- g. IV fluid insertion
- h. Obstetric emergencies – initial management and referral
- i. Health education and counseling

- **Quality Postpartum Care**

- a. Supportive care during postpartum period
- b. Assessment of the woman postpartum
- c. Health education and counseling
- d. Abnormalities in the Puerperium – initial management and referral

5. Seminar on PhilHealth Maternity Care Package in Ifugao

In line with its application for PhilHealth Maternity Care Package accreditation, more than 30 representatives of RHU in Ifugao AMADHS, as well as representatives of the provincial office, attended the 1-day Seminar on Accreditation Procedure on August 13, 2007. This activity aims to orient local MCH stakeholders on the importance of making their health facilities accredited with PhilHealth-MCP. Topics during the seminar include the requirements for facilities to get accreditation, services component that need to be present in MCP accredited health facilities, requirements for accreditation of service providers, the accreditation process, the reimbursement process for MCP accredited facilities, and cases covered for reimbursement.

As of this writing, 3 RHUs in AMADHS are now in the process of completing the requirements, while other facilities are awaiting approval from PhilHealth.

6. Skills-based Training on Lactational Management for Biliran

The Department of Health has been promoting breastfeeding in all government hospitals, maternity facilities and private hospitals since 1979. However, surveys and data show that close to 30 years later, breastfeeding is still not widely practiced, thus affecting the nutrition and health of newborn babies and children.

To contribute to the effort to encourage breastfeeding, a four-day training was given to the SBAs of Biliran. It was conducted in two batches (Aug. 28-31 and Nov. 20-23, 2007) at Eastern Visayas Regional Medical Center (EVRMC) for 78 SBAs.

PROJECT ACTIVITIES

Facilitated by experts from EVRMC and CHD VIII, the discussed topics include:

- Laws on infant and young child feeding
- Anatomy of breast and physiology of lactation
- Human milk composition
- Benefits of breastfeeding
- Danger of bottle feeding
- Creative intervention for new mothers, which includes breastfeeding positioning and attachment, breastmilk composition and cup feeding.
- Maternal nutrition during lactation
- Maternal pathological problems of breastfeeding
- Resolving breastfeeding problems

7. TOT on Facilitating Parent's Class in Biliran



The DOH strives to enhance the knowledge of the community on basic home-based health care management by putting facilitators through sessions on birth preparedness, mother's health and neonatal care.

The role of the facilitators of parents' classes is crucial as they have to organize activities, promote participation among parents and at the same time provide health care with sensitivity and understanding.

Local health workers and community-based health volunteers in Biliran were up to the challenge to improve their skills.

Some went through a four-day training facilitated by EVRMC and CHD VIII. They covered topics such as:

- Care during pregnancy
- Nutrient needs during pregnancy
- The birth planning
- Post partum care
- Newborn care and neonate survival
- Breastfeeding
- Taking care of sick children

PROJECT ACTIVITIES

- How well is the baby growing
- Growth and milestones of the child

8. Barangay Orientation on Safe Motherhood Programs by WHT in Ifugao

A total of 6,000 people from 63 barangays attended a series of one-day orientations in AMADHS from July to December 2007. The orientations were organized to make local stakeholders and the community better understand the safe motherhood program and importance of the WHT.

The orientation was facilitated by the Rural Health Midwives, Municipal Health Officers and Public Health Nurses under the supervision of the Provincial Health Office.



Scenes from WHT barangay orientations in Ifugao, clockwise from top left:
Demonstration of Ifugao delivery practice; health education for children; showcase of gender equality as Ifugao men prepare the meal for the orientation; and demonstration of emergency transportation by hammock or “ayod”.

A baby named JICA

It was July 10, 2007 and 36-year-old Cely Bianza was suffering through the prolonged labor for her second child.

The WHT encouraged her to travel to the Aguinaldo People's Hospital since the barangay health unit could not help her anymore. Since there was no available emergency in the village, she and her husband waited patiently for the arrival of the only public bus that will take them to the hospital over two hours away.



As her labor progressed, her pain worsened, prompting the family members to immediately act and bring Cely themselves to the hospital. As no vehicle could get to Cely's house atop the mountain, her friends and relatives decided to carry Cely on a hammock to the nearest hospital, the same way their ancestors did before them.

Fortunately, the worried family met a JICA-MCH vehicle on the way and

the JICA team members immediately brought Cely to the Aguinaldo People's Hospital where she was taken care of by hospital chief Dr. Joel Dulnuan. The delivery was far from easy but Cely lived through it and she delivered a baby boy, who was later named Jay JICA.

Cely's experience shows that by combining the tradition of using a hammock with the modern care provided by the health facilities, mothers like Cely will survive similar ordeals.



PROJECT ACTIVITIES

9. Women's Health Team Convention in Biliran and Ifugao

To gather all members of the WHT and encourage them to share their valuable experience in carrying out their tasks and responsibilities as community-based health volunteers, a WHT convention was organized and conducted by the Rural Health Units and Provincial health Office.

The convention was also participated in by the RHU staff, PHO, partner agencies and mayors who recognized the WHT members for their valiant efforts to further strengthen the MCH at the community level.

Moreover, updates on health programs and projects were given to the participants, including material on maternal and child health nutrition, rabies control, tuberculosis and blood donation program.

Scenes from WHT conventions



Top left: Mayor Chang of Naval, Biliran giving her speech. **Top:** Gov. Teddy Baguilat Jr. of Ifugao proudly displays a WHT bag. **Left:** Ifugao delegates with JICA resident representative, Mr. Matsuda.



NO. OF PARTICIPANTS IN WHT CONVENTIONS

Ifugao	Biliran
Aguinaldo: 92 participants Mayoyao: 216 participants Alfonso Lista: 114 participants	Biliran: 75 participants Cabucgayan: 70 participants Culaba: 73 participants Almeria: 95 participants Naval: 259 participants Caibiran: 120 participants Maripipi: 81 participants Kawayan: 95 participants
Total of 422 participants	Total of 858 participants

PROJECT ACTIVITIES

In Biliran, the conventions served as venues wherein support such as: monetary incentives for WHT members from the municipal government, free hospitalization benefits from the provincial government and enrollment to PhilHealth's Indigency Program, were announced.

Output 3: **Strengthen supporting mechanism for mothers and babies at all levels**

I. Neonatal Mortality Review Training for Biliran

A total of 28 SBAs attended the four-day Neonatal Mortality Review training in Tacloban. This was facilitated by experts from Eastern Visayas Regional Medical center and DOH-CHD VIII and was organized to enhance the skills and knowledge of the participants on understanding and preventing neonatal death at the community level.

Guided by the existing Infant death Review protocol of the DOH, the training was modified to focus on infants up to 28 days old and draw up an effective infant death prevention plan.

Topics covered by the talk include the overview of the DOH-Child 21 and neonatal mortality policies.

Output 4: **Put in place management and supportive mechanisms for WHTs and midwives to improve quality of service and work environment in the project areas**

I. Series of Meetings of Women's Health Teams

After going through formation and training during the first year, WHTs were encouraged to promote more facility delivery in Ifugao and Biliran.

Follow-up meetings were conducted to take a closer look at their tasks and responsibilities toward pregnant women, new mothers and newborns at the community level.

Discussions covered the status of tracking and mater listing of pregnant women, follow-up on the status of post-partum mothers and newborns, information and educational campaign and assistance to the RHU on gathering data for maternal and neonatal death.

PROJECT ACTIVITIES

Generally, the WHT members reported that there were still babies delivered in the home and that they had expressed their concerns with local leaders and the community.

2. Community-based Orientation on Maternal and Child Health service by RHUs in Biliran

To inform the people at the barangay level on safe pregnancy, safe delivery, newborn care and responsible parenthood, the Rural Health Units conducted a series of orientation in all the covered barangays from June to August 2007.

More than 50 persons attended the activity in each community, which was handled by the staff of both RHUs and PHO. Topics covered include safe pregnancy, safe delivery, newborn care and responsible parenthood.

- **Safe Pregnancy**
 - i. Prenatal Care
 - Care from Health Facility
 - ii. Danger signs and interventions
 - iii. Birth Plan
 - iv. Importance of Postnatal Care
- **Safe Delivery**
 - i. Clean and safe delivery
 - ii. Promotion of Provincial Resolution #166 (Regulating Home-Based Delivery)
 - iii. Pregnant Woman and Family Preparation
 - iv. Facility-based Delivery
- **Newborn Care**
 - i. Continuous care of the cord
 - ii. Daily hygiene
 - iii. Breastfeeding
 - iv. Visit to health facility for immunization
- **Responsible Parenthood**
 - i. Child Spacing
 - ii. Promotion on balanced family resources-members of family-environment

PROJECT ACTIVITIES

Output 5: Lessons from the project's implementation contribute to policy formulation at the municipal, provincial, regional, and national levels

1. Inception workshop for Visitors to Biliran Province

Local leaders and health managers of Biliran played host to groups from Ifugao, Southern Leyte, Autonomous Region of Muslim Mindanao and Region XII who came to learn from their valuable experiences.

Ifugao sent a delegation of 33 headed by Ifugao Governor Teodoro B. Baguilat Jr. Southern Leyte, on the other hand, sent a contingent of 15 while ARMM and Region XII had 12 participants.



During the discussions, the visiting groups were able to gather relevant lessons and insights from the sharing and interaction with the MCH implementor who guided them around the health facilities in Biliran.

The visitors learned how the MCH project was being implemented in Biliran and the valuable lessons picked up along the way.

2. Sharing of Biliran experience

Biliran was given the opportunity to share its experience in implementing the MCH project in Davao during the annual meeting of the ARMM and also in Tacloban during the CHD 8 annual meeting.

3. Writeshop on Documenting MCH Practices in Biliran

Because of the numerous visits to Biliran to observe the implementation and results of the MCH Project, the CHD VIII and the PHO had organized a three-day writeshop in Tacloban City.

PROJECT ACTIVITIES

This enabled the province to have standardized materials for seminars or workshops. The staff of CHD VIII and PHO and representatives from the RHUs participated in the writeshop.

4. Participation in the Second Annual Cordillera Health Decision Makers Forum (Ifugao)

Mayoyao RHU was invited to share their experience on WHT activities at the forum held in Baguio. Mayoyao's presentation aroused interest among the participants, who asked practical questions on how to start the program.



5. Training in Japan

3 rural health midwives each from Ifugao and Biliran were sent to Nagoya, Japan for a 19-day training on managing an MCH program. On the other hand, 4 RHMs (two each from Ifugao and Biliran) participated in a 30-day training in Osaka, Japan. One representative from the CHD-CAR, meanwhile, was sent to Tokyo for a month-long MCH management training.

6. JICA Experts and Visitors

Experts: Maternal and Child Health Planning (1 month)
Project Evaluator (1 month)
Project Evaluator (1 month)

Visitors: Post-graduate students from various universities in Japan

PLANS FOR 2008

According to the Provincial Health Investment Plan (PHIP), and Mid-term Evaluation Result, the following steps need to be taken to further strengthen and support the initiatives of Biliran and Ifugao:

- Provide assistance to create or improve functionality of monitoring and supervision systems at the local level;
- Sustain the quality of MCH-related services;
- Continue to provide skills-based training for SBAs (such as Life Saving Skills training);
- Develop supervision/monitoring system on providing essential assistance to WHTs by the RHU;
- Assist in the conduct of massive information campaigns on Safe Motherhood and WHT at the barangay level;
- Provide medical equipment to the Barangay Health Stations in order to strengthen facility-based deliveries in the community;
- Develop strong linkages among partner agencies, barangay leaders, community health providers and service agencies, and families, to facilitate communication, coordination, and inter-family support.
- Strengthen the Field Health Information System; and
- Make the health facilities in the entire Ifugao Province PhilHealth-MCP accredited.

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ANNEX 1

Ifugao Provincial Executive Order on WHT Formation

 Republic of the Philippines
Province of Ifugao

 *Office of the Provincial Governor*

EXECUTIVE ORDER NO. 22
Series of 2008

AMENDING EXECUTIVE ORDER NO. 19 ON ORGANIZATION OF COMMUNITY HEALTH TEAMS TO BE KNOWN AS IFUGAO AYOD COMMUNITY HEALTH TEAM AND INSTITUTIONALIZING THE SAME ALL OVER THE PROVINCE.

Whereas, Millennium Development Goals 4, 5 & 6 are related to health improvement and promotion towards attaining better health outcomes;

Whereas, the Province of Ifugao is one of the convergence sites identified for the implementation of the Health Sector Policy Support Programme with FOURMULA ONE (F1) as the over-all framework;

Whereas, FOURMULA ONE is aligned to the National Objectives of Health, Medium Term Philippine Development Plan and ultimately to the Millennium Development Goals;

Whereas, the attainment of better health outcomes requires the active participation of all sectors of society in partnership with the direct providers of health services;

Whereas, the organization of Community Health Teams to be known as Ifugao AYOD Community Health Team is necessary to attain better health outcomes;

NOW, THEREFORE I, TEODORO B. BAGUILAT, JR., Provincial Governor of Ifugao by virtue of the powers vested in me by law do hereby order the organization of atleast one (1) Ifugao Ayod Community Health Team per barangay level with the following composition and functions:

Section 1. COMPOSITION OF AYOD COMMUNITY HEALTH TEAM:

Chairperson:	Barangay Captain
Co-chairperson:	Rural Health Midwife
Members :	Barangay Health Workers
	Barangay Nutrition Scholar
	Kagawad on Health
	2 male volunteers
	2 female volunteers
	Traditional Birth Attendants and trained hilots.

Provincial Capitol Compound, Lagawe, Ifugao
E-mail : ifugaoprovince@yahoo.com / ifugaoprovince@gmail.com
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Section 2. FUNCTIONS AND RESPONSIBILITIES OF AYOD COMMUNITY HEALTH TEAM:

1. Conduct health promotion activities within the barangay. (IEC, Advocacy on F1 flagship programs)
2. Ensuring that F1 PPAs are integrated into the Barangay Development Plan.
3. Conduct Parents Classes.
4. Active listing and tracking and listing of pregnant women in the barangay.
5. Assist couples in the preparation of birth plan.
6. Advice pregnant women to deliver in health facilities.
7. Report maternal and under five deaths to the Municipal Health Office.
8. Make referrals to health facility or appropriate agency.
9. Assist in malaria, dengue, rabies and environmental sanitation activities.

Section 3. TECHNICAL ASSISTANCE:

The Provincial Health Office in coordination with the Municipal Health Offices and other health partners shall:

1. Train the officers and members of the Ifugao Ayod Community Health Teams to perform their functions.
2. Devise a monitoring and evaluation system to track the impact of the Ifugao Ayod Community Health Teams in improving the health status of their respective barangays.
3. Document the good practices of Ifugao Ayod Community Health Teams which can be replicated in other areas.
4. Devise a reward system to recognize outstanding/performing Ifugao Ayod Community Health Teams during appropriate ceremonies.

Section 4. The Ayod CHT shall subsume the functions of the GFMC initiated Barangay Action Team (Malaria and Dengue), UNFPA-initiated Barangay Health Committees, and the JICA-MCH initiated Womens Health Teams.

This ORDER shall take effect immediately.

DONE this 22nd day of April 2008 at the Provincial Capitol, Lagawe, Ifugao.


TEODORO B. BAGUILAT, JR.
Provincial Governor

ANNEX 2

Almeria, Biliran Resolution on Rate of Service Charges for Facility-Based Delivery, Creation of Trust Fund, and WHT Incentives

Republic of the Philippines
PROVINCE OF BILIRAN
MUNICIPALITY OF ALMERIA
-6544-

OFFICE OF THE SANGGUNIANG BAYAN

EXCERPT FROM THE MINUTES OF THE 7TH REGULAR SESSION OF THE HONORABLE SANGGUNIANG BAYAN OF THE MUNICIPALITY OF ALMERIA PROVINCE OF BILIRAN HELD ON FEBRUARY 12, 2007 AT THE SB SESSION HALL.

PRESENT:	Hon. Richard D. Jaguros	Vice-Mayor/ Presiding Officer
	Hon. Dominador O. Agajan	SB Member
	Hon Henry O. Quijano	SB Member
	Hon. Domingo A. Barrina	SB Member
	Hon. Dioscoro S. Mecaydor	SB Member
	Hon. Ricky A. Morillo	SB Member
	Hon. Zaldy P. Salloman	SB Member
	Hon. Jasmine T. Jaguros	SB Member
	Hon. Orion B. dela Peña	SB Member
	Hon Hilarion C. Lanugan	SB Member
ABSENT:	Hon. Ma. Luz Rosario Jaguros	SB Member

RESOLUTION NO. 15, S-2007

A RESOLUTION TO APPROVE AND ENACT AN ORDINANCE PRESCRIBING THE RATE ON SERVICE CHARGES RENDERED BY THE RURAL HEALTH UNIT OF ALMERIA MATERNITY CARE AND CHILD HEALTH CLINIC AND MANDATING FURTHER THAT THE INCOME GENERATED BY ITS SERVICE CHARGE SHALL ACCRUE TO A TRUST FUND TO BE DEVOTED SOLELY TO THE MATERNITY CLINIC OPERATIONS AND INCENTIVES TO WOMEN'S HEALTH TEAM OF THIS MUNICIPALITY.

WHEREAS, the Sangguniang Bayan of the Municipality of Almeria, pursuant to its powers and functions, deemed its best to enact an ordinance for the establishment and implementation of the maternity care package in our Municipality, so as to provide and give our expectant mothers and newborn babies quality health care they rightfully deserve;

NOW THEREFORE, on motion of Hon Henry O. Quijano, as chairman on Committee on Health and Sanitation, duly seconded by Hon. Dominador O. Agajan, Hon. Domingo A. Barrina and Hon. Dioscoro S. Mecaydor, be it;

RESOLVED AS IT IS HEREBY RESOLVED, to ordain as it s hereby ordained, the following ordinance to wit;

ORDINANCE NO. 01, SERIES OF 2007

“AN ORDINANCE PRESCRIBING THE RATE ON SERVICE CHARGES RENDERED BY THE RURAL HEALTH UNIT OF ALMERIA MATERNITY CARE AND CHILD HEALTH CLINIC AND MANDATING FURTHER THAT THE INCOME GENERATED BY ITS SERVICE CHARGE SHALL ACCRUE TO

A TRUST FUND TO BE DEVOTED SOLELY TO THE MATERNITY CLINIC OPERATIONS AND INCENTIVES TO WOMEN'S HEALTH TEAM OF THIS MUNICIPALITY".

BE IT ORDAINED by the Sangguniang Bayan of Almeria, Biliran in session assembled that:

ARTICLE I GENERAL PROVISIONS

Section 1-Title

This ordinance shall be known and referred as "An ordinance prescribing the rate on service charges rendered by the Rural Health Unit of Almeria Maternity Care and Child Health Clinic and mandating further that the income generated by its service charge shall accrue to a trust fund to be devoted solely to the Maternity Clinic Operations and incentives to Women's Health Team of this Municipality".

Section 2- DECLARATION OF POLICIES

It is hereby declared to be the policy of the Municipality of Almeria in partnership with the Provincial Government of Biliran as provided under their Memorandum of Agreement to implement a comprehensive and integrated maternity care and child health clinic in our municipality to:

- 1) Provide high quality delivery care for pregnant women and newborn babies.
- 2) Help reduce maternal and newborn morbidity and mortality rate.
- 3) Give moral, social and technical support services during and after delivery as well as to the family of the pregnant mother.
- 4) Encourage community involvement in the development and maintenance of our maternity clinic.

ARTICLE II DEFINITIONS

Section 3

- A) Almeria Rural Health Unit Maternity and Child Health Clinic- shall refer to an establishment under the control and supervision of the municipality of Almeria that provides health services catering most especially to pregnant women and newborn babies.
- B) MSWD Officer – Refers to an officer of the Department of Social Welfare of our Local Government Unit, whose task mandated by the ordinance is to identify marginalized and indigent maternal patients.
- C) BARANGAY CAPTAIN – shall refer to the chief executive of the lowest level of a governmental unit whose duty under this ordinance is to work in tandem with the DSWD officer in selecting and identifying marginalized and indigent maternal clients.
- D) BeMOC Facilities- shall refer to the equipment and services provided by a team of trained health personnel of the Rural Health Unit Maternity and Child Care.
- E) LOCAL TREASURER- shall refer to the departmental entity of a local government unit who is mandated by this ordinance to collect the income generated by the service charges of the maternal and child health clinic.
- F) Skilled Birth Attendants- consist of a trained Doctor, Nurse and Midwife on basic emergency obstetric care.
- G) WOMEN'S HEALTH TEAM (WHT) – shall refer to a group of community health volunteers such as BHWs, BNS, and TBA.

ARTICLE III SCOPE/COVERAGE

Section 4

The Rural Health Unit of Almeria Maternity and Child Health Care Clinic is committed to provide quality maternal and child care by providing them with the basic package of needed services and skilled birth attendants through the implementation of the BeMOC facility.

Section 5

The above mentioned health facility is a PhilHealth OPB and Maternity Care package accredited unit providing basic health services to indigent and non-indigent clients.

Section 6

Indigent clients with or without PhilHealth cards are exempted from payment of service charge of Rural Health Unit, provided said obstetric patient is duly certified by the MSWD officer or his authorized representative or by the Barangay Captain. Service charges shall be collected by the Local Treasurer as follows;

1. A service charge of P1,000.00 shall be collected for the first delivery.
2. For the next succeeding deliveries an amount of P500.00 shall be collected.

Section 7

Provided that the income generated by its service charges shall accrue to a trust fund to be devoted solely to the Maternity Clinic Operations and incentives to Women's Health Team (WHT).

Section 8

The WHT organized per Barangay is composed of volunteer health workers such as BHWs, BNS, and TBA with the Rural Health Midwife as the team leader. These volunteer health workers are responsible for tracking all pregnant and post-partum mothers in their respective areas and reporting the same to the health facility for prenatal, natal, and post-partum care.

Section 9

Provided that the percentage of service charges is allotted to the clinic operation and WHT incentives as follows: 70% of the proceeds for the clinic operations, while 30% be distributed among the WHT members responsible for the reporting and referral of obstetric patients in their area.

Section 10

Provided further, that other service fees for health examinations provided under the 2006 Revised Revenue Code of the Municipality of Almeria is inapplicable to the enactment of this ordinance.

ARTICLE IV PENALTIES

Section 11-A

Hilots whether trained or untrained are hereby prohibited from performing live birth deliveries at home. Failure to follow will be meted the following penalties:

1. First offense –reprimand
2. 2nd offense – fine of P500.00 or rendition of community work for 8 hours a day for 2 days at the discretion of the court.
3. 3rd offense – fine of P1,000.00 or an imprisonment for 3 days at court discretion.

Section 11-B

Likewise, pregnant women delivering at home shall also be fined with the following penalties:

1. An amount of P1,200.00 shall be collected for those first deliveries made outside the maternity clinic.
2. Subsequent deliveries outside the designated maternity lying in shall be fined an amount of P700.00.

**ARTICLE –V
SEPARABILITY CLAUSE****Section 12**

If any of this ordinance shall be held to be invalid, other parts or provisio which are not affected thereby, shall continue to be in full force and effect.

**ARTICLE-VI
EFFECTIVTIY****Section 13**

This ordinance shall take effect upon compliance of all requirements set by law.

ANNEX 3

Highlights of the Mid-Term Evaluation Report on the JICA-MCH Project (October 2007)

MID-TERM EVALUATION RESULT

Evaluation result:

1. Taking stock of the achievements the Project has been implemented ahead of the Plan.
2. In Biliran Province, one could expect further progress in facility-based development until the end of the Project period (March 2010).
3. In AMADHS-ILHZ in Ifugao province, the percentage of deliveries assisted by SBAs is likely to reach the provincial target of 75% by 2010. As for the facility-based delivery target of 50% by 2010, this may take longer than aimed, considering difficulties with impeding geographical characteristics and preference to home and TBA-assisted deliveries.
4. Thus, the Project implementers shall work as per the current PDM and Plan of Operations while focusing on challenges identified through the Mid-Term Review process for the rest of the Period (~2010). In Ifugao Province where majority of potential service users face difficulty in accessing facilities, more weight should be placed on Output 3 and Output 4 (the community mobilization component) and promotion of SBA-assisted deliveries while in transitional phase to facility-based ones.

Recommendations:

1. Having conducted, in rather rapid pace, most of the planned training and provision of equipment, it is advised that the Project to gear towards improvement and sustainability in quality of activities in the second half of the project period. Continuous financial and human resource support by LGUs is critical to sustain activities to produce tangible effects of the Project.
2. DOH is advised to provide guidance to the Project on the implementation specifications of EmOC, until such time the framework on Maternal and Newborn Care Policy Framework is adopted.
3. DOH and LGUs are advised to mutually consult one another to formulate the expansion plan of EmOC services taking stock of the existing human resource management plan. Implications of service expansion on future financial and personnel requirements should also be considered.
4. Project implementers are advised to share the Plan of Operations and divide responsibilities for implementation. They are also advised to develop monitoring and supervising tools of the Project Activities and continue to collect data for indicators based on the PDM.
5. Project implementers are advised to focus their efforts on quality assurance of the facility-based deliveries.
6. Project implementers are advised to design more targeted strategy to promote the hard-to-reach mothers for facility-based deliveries by conducting the in-depths analysis of MDR. It will require inter-sectoral approach as MDR, so far, indicates strong influence of socio-economic and cultural factors.

7. The Provincial Health Board of Ifugao handed to the Evaluation Team the excerpt of the minutes of meeting of the regular session of provincial health board held in September 24, 2007. It includes the resolution No. 02 s. 2007 endorsing the request of the provincial governor and the MCH Executive Committee resolution for expansion of the Maternal and Child Health Project to the eight non-JICA MCH Project municipalities. As the Team is not in a position to respond to the request, it will convey the message to the JICA Philippine office and its headquarters. Since the requested area under consideration is too large to accommodate by the current Project arrangement as stated in the Record of Discussions dated on January 10, 2006, the Ifugao provincial government is advised to utilize the fund for F-1 investment fund. JICA may assist TOT for the key personnel.
8. Project implementers are advised to improve project documentation, both in quantitative and descriptive, for transparency and disseminating the experiences of the Project sites by drawing evidence-based good practices and lessons of the Project which may assist designing expansion of the similar projects within the regions through CHD. Experiences in two provinces with very different features have indicated various external factors such as geographic circumstances, availability of transportation and communication, the level infrastructure, socio-cultural factors, may act as either promoting and inhibiting factors for the Project implementation. Although it is difficult to directly intervene in these factors, such experiences have significant programmatic implication. They will be useful guidelines for designing the plan of operation and benchmarks.

Lessons learned:

In JICA assisted projects, procurement of equipment is undertaken by competitive bidding based on the equipment specification. In this system of procurement, there is always a risk of acquiring equipment of less quality. In order to take all necessary measures to prevent such, it is strongly advised that specification is developed in detail and precisely, with indication of national standards if such exist. When the equipment has been delivered, the end user should inspect the items against the specification stipulated in the contract with the supplier to ensure that the equipment is in accordance with the contract.

